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TO: Examiner Baoquoc N. To
Group Art Unit No. 2172

FAX NO.: 703-872-9306

FROM: Christopher R. Carroll USER ID: 8033

CLIENT: 1194 MATTER: 13035US01

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TO:	Examiner To	
FROM:	Chris R. Carroll	USER ID:8033
DATE:	November 22, 2004	
FAX NO.:	(571) 273-4041	
CLIENT:	1194	
MATTER:	13035US01	

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TRANSMITTAL FORM		Application Number		09/681,471	
(to be used for all correspondence after initial filing)		Filing Date		April 13, 2001	
		First Named Inventor		Silva-Craig et al.	
		Art Unit		2172	
		Examiner Name		Baoquoc N. To	
Total Number of Pages in This Submission		31	Attorney Docket Number		15-IS-5715 (13035US01)

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Copy of Assignment in this case recorded on 06-20-01, reel/frame identifier 011920/0327
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.
Signature	<i>Christopher R. Carroll</i>
Printed Name	Christopher R. Carroll
Date	November 22, 2004

CERTIFICATE OF FAX TRANSMITTAL

I hereby certify that this correspondence is being sent via facsimile to Baoquoc N. To at the United States Patent and Trademark Office, Fax no. 703/872-9306.

Name (Print/type)	Christopher R. Carroll	Registration No. (Attorney/Agent)	52,700
Signature	<i>Christopher R. Carroll</i>	Date	November 22, 2004